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CAMPAIGN FINANCE
ADMINISTRATION

LOUISIANA BOARD OF ETHICS

Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 3 PERSONAL FINANCIAL DISCLOSURE STATEMENT (FOR CANDIDATES)

This Report Covers Calendar Year: 2016 - present

☒ ORIGINAL REPORT

☐ AMENDED REPORT

Office Sought: JUSTICE OF THE PEACE Incumbent: ☐ Yes ☒ No

Date of Election: MARCH 25, 2017

Name (print full name): ANGELA ZERINQUE FRILoux
Mailing Address: 309 WALNUT ST.
City, State, Zip: VIDALIA, LA 71373

Name of Spouse(if applicable) (print full name): Kevin M. Friloux
Spouse's Occupation: SECRETARY TREASURER
Principal Business Address: CONCORDIA PARISH POLICE JURY
City, State, Zip: 4001 CARTER ST., VIDALIA, LA 71373

Check all that apply:

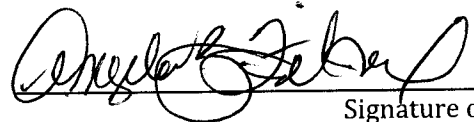
- ☐ I have filed my state income tax return for the previous year.
☐ I have filed for an extension of my state income tax return for the previous year.
☒ I have filed my federal income tax return for the previous year.
☐ I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 18:1495.7 and 42:1124.3 does not provide candidates the opportunity to request an extension in filing their personal financial disclosure statements.

- ☒ I am a candidate in an election to be held prior to April 15 and I have not filed my tax return for the previous year.

CERTIFICATE OF ACCURACY

I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge and belief.


Signature of Filer

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule A: Employment Information**☐ Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: <u>Copiah-Lincoln Community College</u>	
Job Title: <u>ADMINISTRATIVE ASSISTANT</u>	
Job Description: <u>ADMINISTRATIVE Support to Vice-President of College</u>	
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: <u>CONCORDIA PARISH POLICE JURY</u>	
Job Title: <u>SECRETARY TREASURER</u>	
Job Description: <u>ADMINISTRATOR FOR LOCAL GOVERNING AUTHORITY</u>	
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time
Name of Employer: <u>SELF</u>	
Job Title: <u>NOTARY PUBLIC</u>	
Job Description: <u>PERFORM GENERAL NOTARIAL DUTIES</u>	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____	
Job Title: _____	
Job Description: _____	

- You are required to disclose employment information related to both you and your spouse (if applicable).
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

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**Schedule B: Filer/Spouse Income from the State,
Political Subdivisions, and/or Gaming Interests**☐ Check if not applicable

(income which exceeded \$250 from each source)

☒ Filer ☐ SpouseType of Income: ☐ State ☒ Political Subdivision ☐ Gaming InterestName of Income Source: Copiah Lincoln Community CollegeAddress: 11 COLIN CIRCLECity, State, Zip: Natchez, MS 39120Amount of Income (exact dollar amount): \$ 26,280⁹⁸☐ Filer ☒ SpouseType of Income: ☐ State ☒ Political Subdivision ☐ Gaming InterestName of Income Source: CONCORDIA PARISH POLICE JURYAddress: 4001 CARTER ST.City, State, Zip: VIOALIA, LA 71373Amount of Income (exact dollar amount): \$ 43,768⁷²☐ Filer ☐ SpouseType of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): \$ _____

* You are required to complete SCHEDULE B if you or your spouse received income (includes any income from public source such as employment income, retirement, etc.) from the State, any political subdivision, and/or a gaming interest.

* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

*The definition for (and examples of) political subdivision, gaming interest, and business are found in the *Instructions Section* of this form.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule C: Income from Gaming Interests To Business**☒ Check if not applicable

(income which exceeded \$250 from each source)

<input type="checkbox"/> Business	Name of Business: _____
Name of Income Source: _____	
Address: _____	
City, State, Zip: _____	
Amount of Income (exact dollar amount): \$ _____	
<input type="checkbox"/> Business	Name of Business: _____
Name of Income Source: _____	
Address: _____	
City, State, Zip: _____	
Amount of Income (exact dollar amount): \$ _____	
<input type="checkbox"/> Business	Name of Business: _____
Name of Income Source: _____	
Address: _____	
City, State, Zip: _____	
Amount of Income (exact dollar amount): \$ _____	
<input type="checkbox"/> Business	Name of Business: _____
Name of Income Source: _____	
Address: _____	
City, State, Zip: _____	
Amount of Income (exact dollar amount): \$ _____	

* You are required to complete SCHEDULE C if a business in which you or your spouse (either individually or collectively) owned at least 10% received income from a gaming interest.

* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

* The definition for gaming interest and business are found in the *Instructions Section* of this form.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule D: Contract between Business and
State/Political Subdivision**☒ Check if not applicable

<input type="checkbox"/> Business	Name of Business: _____
Amount of Value of Contract: _____	
Duration of Contract: _____	
Description of goods or services provided: _____	
<input type="checkbox"/> Business	Name of Business: _____
Amount of Value of Contract: _____	
Duration of Contract: _____	
Description of goods or services provided: _____	
<input type="checkbox"/> Business	Name of Business: _____
Amount of Value of Contract: _____	
Duration of Contract: _____	
Description of goods or services provided: _____	
<input type="checkbox"/> Business	Name of Business: _____
Amount of Value of Contract: _____	
Duration of Contract: _____	
Description of goods or services provided: _____	

- You are required to complete Schedule D if a business, in which you or your spouse (either individually or collectively) owns at least 10%, enters into a contract in the previous year with the state or political subdivision.
- The definition for business and political subdivision are found in the *Instructions Section* of this form.